

**GEORGIA DEPARTMENT OF HUMAN SERVICES  
CERTIFICATION OF ADOPTION OR FOSTER CARE**

*This form is to be used by DHS employees to document family and medical leave for placement of a child with the employee for adoption or foster care.*

\_\_\_\_\_  
[Name of Employee]

**Please complete:**

Your name: \_\_\_\_\_  
First Middle Last

**I request to use available leave during the period of absence as follows:**

\_\_\_\_ hours of annual leave      \_\_\_\_ hours of personal leave      \_\_\_\_ hours of sick leave

**I request to charge \_\_\_\_ hours to leave without pay during the period of absence.**

\*\*\*\*\*

Does your spouse work for State government?   ☐ yes   ☐ no   If yes, which agency? \_\_\_\_\_

This is to certify that a child was or will be adopted or accepted into foster care by the employee named above on \_\_\_\_\_.  
[Date]

Additional comments/explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[Name of Official Authorizing Adoption  
or Foster Care - Please Print]

\_\_\_\_\_  
[Phone Number]

\_\_\_\_\_  
[Signature of Official Authorizing  
Adoption or Foster Care]

\_\_\_\_\_  
[Date]